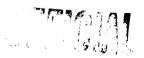
Revision: HCFA-PM-91 AUGUST 199			Supplement 1 to Attachment 2.6-A Page 1 OMB No.: 0938-
STATE		XIX OF THE SOCIAL SECU	RITY ACT
State:		MICHIGAN	
	INCOME EI	LIGIBILITY LEVELS	
A. MANDATORY CATEGOR	RICALLY NEEDY		
1. AFDC-Related (	Groups Other than	Poverty Level Pregnant	Women and Infants:
Family Size	Need Standard	Payment Standard	Maximum Payment Amounts
	Need Standard is 120% of the payment standard. See page 1a.	See page 1b.	Maximum payment is 100% of the payment standard.
2. Pregnant Wome	n and Infants unde	er Section 1902(a) (10)	$(\underline{A})$ (i) (IV) of the Act
Effective Apr Federal incom	e poverty level -	185 percent of the	ent of the official  Federal Poverty Level  ually in the Federal
• •	Family Size	Monthly Income L	
	1	<del>\$ 1,152.</del>	
	2	<del>\$ 1,547.</del>	
	3	<del>\$ 1,941.</del>	
	-4	\$ 2,336.	
	5	<del>\$ 2,731.</del>	_,
			02-01-95
TN No95-0	11 Approval	Date 4/16/95 Effe	Ctive Date
Supersedes TN No	94-05		

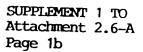


## ELIGIBLE GRANITEE LIVING ARRANGEMENT ADC BASIC NEED STANDARDS

BASIC NEED STANDARDS								
Shelter Area Group Size	I	11	111	IV	· · v	VI		
ONE	\$ 306	\$ 306	\$ 312	\$ 332	\$ 348	\$ 366		
TWO	410	416	428	446	464	482		
THREE	509	521	533	551	569	587		
FOUR	634	646	658	676	694	712		
FIVE	749	761	773	791	809	827		
SIX	909	921	933	951	969	987		
SEVEN	1000	1012	1024	1042	1060	1078		
EIGHT or more	Add \$91 for each additional person.							

HAP PRORATED AMOUNT	\$ 15
EAP PRORATED AMOUNT	\$ 20

TN No. 92-15 Approval Date 10-23-92 Effective Date 01-01-92 Supersedes
TN No. 92-04





# ELIGIBLE GRANTEE LIVING ARRANGEMENT ADC MONTHLY ASSISTANCE PAYMENT STANDARDS TABLE

PAYMENT STANDAR	DS				<del>. · ·</del>	
Shelter Area Group Size		11	111	IV .	<b>v</b> .	VI
ONE	\$ 255	\$ 255	\$ 260	\$ 276	\$ 290	\$ 305
TWO	341	346	356	371	386	401
THREE	424	434	444	459	474	489
FOUR	528	538	548	563	578	593
FIVE	624	634	644	659	674	689
SIX	757	767	777	792	807	822
SEVEN	833	843	853	868	883	898
EIGHT or more	A	dd \$76 for	each additi	ional persor	1.	

TN No	12-15 Approval	Date.	10-2	23-92	Effective	Date	01–01–	92
Supersedes	3							
TN No	92-04		•					



# INELIGIBLE GRANTEE LIVING ARRANGMENT ADC/SFA MONTHLY ASSISTANCE PAYMENT STANDARDS TABLE

NUMBER OF PERSONS IN GROUP	PERSONAL NEEDS*	HEATING FUEL	UTILITIES C
ONE	76	\$ 4	\$ 3
TWO	152	4	4
THREE	228	5	5
FOUR	304	10	8
FIVE	380	14	12
SIX	456	14	12
SEVEN	532	14	12
EIGHT	608	14	12
NINE	684	14	12
TEN	760	14	12
ELEVEN	836	14	12
TWELVE or more	Add \$76 fo	or each additional p	erson.

<sup>\*</sup>Personal Needs includes \$6 for a monthly readiness allowance for education, employment and training.

PREGNANCY ALLOWANCE	\$ 14		
TRANSPORTATION RATE - private car	\$ .21/mi.		
FAMILY CHORE SERVICES MAXIMUM	\$ 270		
TEMPORARY SHELTER	\$ 45/day		

"N No	92-4	Approval I	Date <u>5-3-93</u>	_Effective Date	<del>-11=01=91</del>	_
Supersede					1/1/92	
TN No	87-01				, .	•

Revision: HCFA-PM-92-1

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(MB)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

FEBRUARY 1992 Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ate: MICHIGAN

### INCOME ELIGIBILITY LEVELS

OFFICIAL

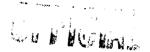
- A. MANDATORY CATEGORICALLY NEEDY (Continued)
  - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
  - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 97-19
Supersedes Approval Date 4-16-92 Effective Date 01-01-92
TN No. 92-04

Supplement 1 to Attachment 2.6-A Page 2a

### STATE OF MICHIGAN State Plan Under Title XIX of the Social Security Act

### INCOME ELIGIBILITY LEVELS



- A. MANDATORY CATEGORICALLY NEEDY (Continued)
- 4. Children under Section 1902(a)(10)(A)(i)(VII) of the Act born after September 30, 1983 who have attained age 6 but have not attained age 19:

Effective July 1, 1991, based on 100 perent of the official Federal income poverty level.

Family Size	Monthly Income Level
1	\$552
2	\$740
3	\$929
4	\$1,117
5	\$1,305

Effective Date 10-1-91 Date 😅 Supersedes

TN # 87-01

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	MICHIGAN	YENORGA
	INCOME ELIGIBILITY LEVELS (Continued)	Tippelling

- 3. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
  - 1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on \_\_\_\_\_ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

Family Size	Income Level
1	\$
	\$
3	\$
4	\$
5	\$

N/A

TN No. 42-4 Supersedes TN No. 91-04	Approval Date	5-3-93	Effective	Date _	10-01-91
IN NO			HCFA ID:	7985E	1/4/92 491

Revision: HCFA-PM-91-4 SUPPLEMENT 1 TO ATTACHMENT 2.6-A (BPD) Page 4 AUGUST 1991 OMB No.: 0938-

STATE	PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY	
State:	MICHIGAN	-Official
	INCOME FLIGIBILITY LEVELS (Continued)	Chi I Wern

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
  - 2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

\_ percent (no more than 100 percent) of the official Federal income poverty line.

Family Size	Income Level
	\$ \$
<u>5</u> 	\$ \$ \$
<u>9</u>	\$

N/A

TN No. 92-4 Supersedes	Approval Date 5-3-93	Effective Date	10-01-91
TN No. 91-02		HCFA ID: 7985E	1/1/92 1901

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MICHIGAN

### INCOME ELIGIBILITY LEVELS (Continued)

### 3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Family Size	Income Level
1	\$ 614.
_2	\$ <u>820.</u>
3	\$*
4	\$ <u>*</u>
_ 5	\$*

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

\*NA, largest family size is 2.

TN NO Z = A7	<del></del>		<del></del>	
TN No. <u>G5-8/</u> Supersedes TN No. 92-14	Approval Date	6/16/95	Effective Date	01-01-95

HCFA ID: 7985E

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 Supplement 1 to Attachment 2.6-A Page 5

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	MICHIGAN	
	INCOME ELIGIBILITY LEVELS (Continued)	

### Aged and Disabled Individuals

The levels for determining income eligibility for groups of age and disabled individuals under the provisions of section 1902(m) (1) of the Act are as follows:

Based on  $\underline{100}$  percent of the official Federal Poverty Level as revised annually in the Federal Register.

Family Size	Income Level
1	- \$ 623:
. 2	\$ 836.
3	*
4	
5	·_ ·

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication

\* NA, largest family size is 2.

TN No. 95-01 Approval Date 6/16/95 Effective Date 02-01-95
Supersedes
TN No. <u>92-14</u>